## APPLICATION FOR A VITAL RECORDS CERTIFICATE

Town of Newmarket Town Clerk/Tax Collector 186 Main Street Newmarket, NH 03857 OFFICIAL USE ONLY: NUMBER REQUESTED ISSUED

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.

Birth	Number of copies	(first copy issued at \$	15.00; each additi	onal copy, \$10.00)	
Name of Child		Child's Sex			
Name of Father/Parent		Child's Birth date			
		Child	Child's Birthplace		
Death	Number of copies	(first copy issued at	\$15.00; each addit	ional copy, \$10.00)	
Name of Deceased			Sex		
Date of Death	Place of Death	Issued	With/ Witho	ut Cause of Death	
Marriage / Civil Union	Number of copies	(first copy issued a	t \$15.00; each addi	tional copy, \$10.00)	
Name of Groom/Person A	ne of Groom/Person A Date of Marriage/Civil Union				
Name of Bride/Person B	Place of Marriage/Civil Union				
Divorce /Civil Union	Number of copies	(first copy issued at	\$15.00; each addit	ional copy, \$10.00)	
Name of Husband/Porson A		Data of Docree			
Name of Wife/Person B	ne of Husband/Person A Date of Decree ne of Wife/Person B Place of Decree (county)				
			- ()		
		REMENTS, YOU WILL BE MAKE CHECKS PAYABLE	ISSUED THE REQUITO: Town of Newr	JESTED NUMBER OF	
Applicants					
Name:	/AAU	DDI E)	(LACT)	<del></del>	
(FIRST) Applicants	(MIII	DDLE)	(LAST)		
Address:					
(STREET)	(CITY/	TOWN)	(STATE)	(ZIP CODE)	
Applicants					
Phone No.:(AREA CODE & NUMB	Email:				
(AREA CODE & NUMB Reason for Certificate Request:					
Applicant's	Relationship				
Signature:	To Registrant:				